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transmitted to the USPTO (703) 746-4000, on the date indicated below. **BAHRET & ASSOCIATES** 320 NORTH MERIDIAN STREET SUITE 510 **INDIANAPOLIS, IN 46204** (Depositor's na 06/01/2005 WABDELR3 00000123 10714170 (Signat 700.00 DP 01 FC:2501 Œ APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/714,170 11/14/2003 Daniel J. Rehm 122-2A 2899 TITLE OF INVENTION: AUTOMATIC DYNAMIC JOINT TENSIONING SYSTEM TOTAL FEE(S) DUE APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE DATE DUE YES nonprovisional \$700 \$0 \$700 06/10/2005 **EXAMINER** ART UNIT CLASS-SUBCLASS LEYKIN, RITA 2837 318-638000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list William F.Bahret (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Automation by Design, Inc. Indianapolis, Indiana Individual Corporation or other private group entity Governm Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): X Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number \_\_\_\_50-2176\_\_\_\_\_\_ (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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31,087 Registration No.

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